

ORDER FOR SUPPLIES OR SERVICES										Page 1 Of 4	
1. Contract/Purch Order/Agreement No. DAAE07-00-D-S014			2. Delivery Order/Call No. 0006		3. Date Of Order/Call (YYYYMMDD) 2001APR27		4. Requisition/Purch Request No. SEE SCHEDULE			5. Priority DOA4	
6. Issued By TACOM AMSTA-LC-CHC BERTRAM SCOTT (810)574-8493 WARREN, MICHIGAN 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL EMAIL: SCOTTB@TACOM.ARMY.MIL				Code W56HZV	7. Administered By (If other than 6) DCM DETROIT U.S. ARMY TANK-AUTOMOTIVE AND ARMAMENTS COMMAND (TACOM) BLDG 231 ATTN: DCMDE-GJD WARREN, MI 48397-5000				Code S2305A	8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other (See Schedule if other)	
9. Contractor Name and Address GMA COVER CORP 1504 CEDAR STREET PORT HURON, MI 48060 TYPE BUSINESS: Other Small Business Performing in U.S.			Code 0V8C5	Facility 	10. Deliver To FOB Point By (Date) (YYYYMMDD) SEE SCHEDULE			11. X If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned			
					12. Discount Terms Net 30 Days			13. Mail Invoices To the Address in Block See Block 15			
14. Ship To SEE SCHEDULE			Code 	15. Payment Will Be Made By DFAS-COLUMBUS CENTER DFAS-CO/NEW DOMINION DIVISION P.O. BOX 182041 COLUMBUS, OH 43218-2041				Code SC1018	Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2		
16. Type of Order	Delivery/Call	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.								
	Purchase		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.								
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.								
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. Item No.		19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price			20. Quantity Ordered/ Accepted*		21. Unit	22. Unit Price		23. Amount	
		KIND OF CONTRACT: Supply Contracts and Priced Orders									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. United States Of America By: MARIE T. GAPINSKI /SIGNED/ GAPINSKM@TACOM.ARMY.MIL (810)574-5333					25. Total \$430,312.50	
26. Quantity In Column 20 Has Been <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted Date _____ Signature Of Authorized Govt Representative _____					27. Ship. No. <input type="checkbox"/> Partial <input type="checkbox"/> Final		28. D.O. Voucher No.		29. Differences		
36. I certify this account is correct and proper for payment Date _____ Signature And Title Of Certifying Officer _____					31. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		33. Amount Verified Correct For		
									34. Check Number		
									35. Bill Of Lading No.		
37. Received At		38. Received By		39. Date Received		40. Total Containers		41. S/R Account Number		42. S/R Voucher No.	

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-S014/0006 MOD/AMD	Page 2 of 4
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Name of Offeror or Contractor: GMA COVER CORP

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011	SUPPLIES OR SERVICES AND PRICES/COSTS <u>Supplies or Services and Prices/Costs</u>				
0011AF	<u>PRODUCTION QUANTITY</u>	75	KT	\$ 1,280.80000	\$ 96,060.00
	NSN: 2540-01-385-9462 NOUN: LMTV CAMO SOFT TOP COVER KIT FSCM: 0FW39 PART NR: 57K1898 SECURITY CLASS: Unclassified CLIN CONTRACT TYPE: Firm-Fixed-Price PRON: J015R997TP PRON AMD: 02 ACRN: AA AMS CD: 511068 <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: I.A.W. SPI AK13859462 LEVEL PRESERVATION: Military LEVEL PACKING: A <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD 001 W56HZW1096MV01 SW3227 M 3 PROJ CD BRK BLK PT IIL DEL REL CD QUANTITY DEL DATE 001 75 30-JUN-2001 FOB POINT: Origin SHIP TO: <u>PARCEL POST ADDRESS</u> (SW3227) DEF DIST DEPOT RED RIVER RECEIVING BLDG 499 10TH STREET AND K AVENUE TEXARKANA TX 75507-5000 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE07-00-D-S014/0006				

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-S014/0006 MOD/AMD	Page 3 of 4
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Name of Offeror or Contractor: GMA COVER CORP

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0031	<u>Supplies or Services and Prices/Costs</u>				
0031AF	<u>PRODUCTION QUANTITY</u> NSN: 2540-01-386-2952 NOUN: MTV CAMO SOFT TOP COVER KIT FSCM: 0FW39 PART NR: 57K1899 SECURITY CLASS: Unclassified CLIN CONTRACT TYPE: Firm-Fixed-Price PRON: J015R998TP PRON AMD: 02 ACRN: AA AMS CD: 511068 <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: I.A.W. SPI AK13862952 LEVEL PRESERVATION: Military LEVEL PACKING: A <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 001 W56HZW1096MV02 SW3227 M 3 <u>PROJ CD</u> <u>BRK BLK PT</u> IIL <u>DEL REL CD</u> <u>QUANTITY</u> <u>DEL DATE</u> 001 250 30-JUN-2001 FOB POINT: Origin SHIP TO: <u>PARCEL POST ADDRESS</u> (SW3227) DEF DIST DEPOT RED RIVER RECEIVING BLDG 499 10TH STREET AND K AVENUE TEXARKANA TX 75507-5000 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE07-00-D-S014/0006	250	KT	\$ 1,337.01000	\$ 334,252.50

Name of Offeror or Contractor: GMA COVER CORP

CONTRACT ADMINISTRATION DATA

								JOB				
LINE	PRON/	OBLG						ORDER	ACCOUNTING		OBLIGATED	
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION				NUMBER	STATION		AMOUNT	
0011AF	J015R997TP	AA	2	21	12035000015R5R01P51106831E1	S20113		1ZGMTP	W56HZV	\$	96,060.00	
511068												
0031AF	J015R998TP	AA	2	21	12035000015R5R01P51106831E1	S20113		1ZGMTP	W56HZV	\$	334,252.50	
511068												
										TOTAL	\$	430,312.50
SERVICE								ACCOUNTING		OBLIGATED		
NAME	TOTAL BY ACRN		ACCOUNTING CLASSIFICATION				STATION			AMOUNT		
Army	AA		21	12035000015R5R01P51106831E1	S20113		W56HZV	\$	430,312.50			
										TOTAL	\$	430,312.50